one of the most important we will bring before this body. These procedures that have been used are completely atypical. I would beg the leadership to go back to regular order.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. METCALF) is recognized for 5 minutes.

(Mr. METCALF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. BROWN) is recognized for 5 minutes.

(Ms. BROWN of Florida addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. ROHRABACHER) is recognized for 5 minutes.

(Mr. ROHRABACHER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

REPORT ON RESOLUTION WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 2606, FOREIGN OPERATIONS, EXPORT FINANCING AND RELATED PROGRAMS APPROPRIATIONS ACT, 2000

Mr. SESSIONS, from the Committee on Rules (during the special order of Mr. PALLONE), submitted a privileged report (Rept. No. 106–345) on the resolution (H. Res. 307) waiving points of order against the conference report to accompany the bill (H.R. 2606) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2000, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2559, AGRICULTURE RISK PROTECTION ACT

Mr. SESSIONS, from the Committee on Rules (during the special order of Mr. PALLONE), submitted a privileged report (Rept. No. 106–346) on the resolution (H. Res. 308) providing for consideration of the bill (H.R. 2559) to amend the Federal Crop Insurance Act to strengthen the safety net for agricultural producers by providing greater access to more affordable risk management tools and improved protection from production and income loss, to improve the efficiency and integrity of the Federal crop insurance program, and for other purposes, which was referred to the House Calendar and ordered to be printed.

ANNOUNCEMENT FROM COMMITTEE ON RULES REGARDING SUBMISSION OF AMENDMENTS ON H.R. 2723 REGARDING MANAGED CARE PLANS AND OTHER HEALTH COVERAGE

(Mr. SESSIONS asked and was given permission to address the House for 1 minute.)

Mr. SESSIONS (during the special order of Mr. PALLONE). Madam Speaker, this afternoon a ''Dear Colleague'' letter was sent to all Members informing them that the Committee on Rules is expected to meet the week of October 4, 1999, to grant a rule which may restrict amendments for consideration of H.R. 2723, a bill regarding managed care plans and other health care coverage. Any Member contemplating an amendment to H.R. 2723 should submit 55 copies of the amendment and a brief explanation to the Committee on Rules no later than 3 o'clock p.m. on Friday, October 1. The Committee on Rules office is located in H–312 in the Capitol. Members should use the Office of Legislative Counsel to ensure that their amendments are properly drafted and should check with the Office of the Parliamentarian to be certain their amendments comply with the rules of the House.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Madam Speaker, tonight I would like to talk about the Patients' Bill of Rights, the managed care reform legislation which will be considered on the floor of the House of Representatives next week.

My happiness, if you will, over the fact that the Republican leadership in the House of Representatives has said that they will allow a debate on HMO reform next week that will include the Patients' Bill of Rights is somewhat tempered by my concern that the way they may set up the procedure for the debate and the consideration of managed care reform, or HMO reform, may in fact be nothing more than a way to try to kill effective HMO reform and essentially end up with a bill that passes the House and that goes to the Senate that does not accomplish the goal of providing real patient protections.

I just wanted to mention very briefly, if I could, why we need the Patients' Bill of Rights and why my concern about what the Republican leadership may try to do is legitimate.

My colleagues know that I have been on the floor and in the well here many times over the last several years talking about the need for the Patients' Bill of Rights, and the reason for that is there are so many abuses with patients, with constituents that I have, with Americans, who have their health care delivered with HMOs or with managed care, and those abuses have come to light with our constituents calling us up, coming to our office, testifying at various hearings that we have had, particularly those with our Democratic health care task force.

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I would say, if I could, to summarize the problems in our attempt to address the problems, basically fall into two broad categories. One is the issue of medical necessity. Too many times HMOs simply do not allow the particular patient to have the operation that their doctor thinks they need or to stay in the hospital for the length of time that their doctor thinks they should stay or to sometimes even to be able to have the information provided by their doctor about what kind of care that they need, and the reason that is true is because the HMOs increasingly make those decisions. Rather than decisions about what kind of operation you have or how long you stay in the hospital being made by your physician, which was the traditional way and the logical and sensible way for health care to proceed, HMOs increasingly have those decisions made by the insurance company in an effort to try to save costs.

We need to correct that. The decision about what is medically necessary, what kind of care you need, should be made by the physician and the patient, by the health care professional and the patient, not by the insurance company, and that is what we seek to do with the Patients' Bill of Rights is to turn that around and give that decision about what is necessary for your health back to the physician and to you.

The second thing we do and the second most important area where there is abuse is that if a decision is made that you cannot have an operation, for example, that your physician and you think that you need, you should be able to appeal that, and right now that is almost impossible because most HMOs define on their own what is medically necessary, what kind of operation you are going to have. And then if you seek to appeal, the only appeal is to an internal review board which they control. And what we say in the Patients' Bill of Rights is that there should be an independent review, an external review, by people that you can appeal to who are outside the control of the HMO, independently will decide whether or not the HMO's decision was wrong and can be overturned.

And failing that, if that fails, that you should be able to sue and enforce your rights in a court of law which is not the case now because many people, most Americans actually, fall under a Federal preemption called ERISA that says that if their employer is essentially self-insured, which most employers are these days, that then you cannot sue the HMO for damages or to overturn a bad decision about what kind of care you should receive.